

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up)

Update Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topp>)

Clinician First Initial & Last Name

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LME Assigned Consumer Record Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide the following information about the individual:

1. Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Gender

☐ Male ☐ Female

3. Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports. (mark all that apply)

- ☐ Adult Mental Health, age 18 and up
☐ Adult Substance Abuse, age 18 and up

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

- ☐ qualified professional in substance abuse
☐ qualified professional in mental health
☐ both

4. Individual County of Residence:

5. Type of Interview (mark only one)

- ☐ 3 month update ☐ 12 month update
☐ 6 month update ☐ Other bi-annual update (18-month, 24-month, 30-month, etc.)

6. Assessments of Functioning

a. Was the Global Assessment of Functioning (GAF) score updated in the past 3 months or since the last interview?

☐ Y ☐ N

b. Current Global Assessment of Functioning Score:

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7. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

8. For Female Adult SA individual:

Is this consumer enrolled in a specialty program for maternal, pregnant, perinatal, or post-partum? ☐ Y ☐ N

9. Is this consumer also a TASC client? ☐ Y ☐ N

10. For Adult SA individual:

Is this consumer receiving or expected to receive methadone treatment? ☐ Y ☐ N → (skip to 13)

b. What is the current methadone dosage?

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 mg (enter zero, if none and skip to 13)

11. For dosage level of Methadone greater than zero:

a. Please describe the current methadone dosing:

- ☐ Induction → (skip to c)
☐ Stabilization → (skip to c)
☐ Taper

b. Is the methadone withdrawal voluntary or administrative?

☐ Voluntary ☐ Administrative

c. Is methadone being given in a split dosage (e.g., 2 or more doses per day)? ☐ Y ☐ N

d. What is the consumer's take home level?

- ☐ Level 1 (Sunday only) ☐ Level 5
☐ Level 2 ☐ Level 6
☐ Level 3 ☐ Level 7 (30 days)
☐ Level 4

12. For SA and Methadone individual:

SA treatment participation and service units in the past 3 months (enter zero, if none):

a. Group sessions attended:

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b. Individual/Family sessions attended:

--	--	--

13. For Adult SA individual:

Which, if any, of the following medications does this consumer take? (mark all that apply)

- ☐ Naltrexone ☐ Antabuse
☐ Buprenorphine ☐ None of these

14. Since the last interview, the consumer has attended scheduled treatment sessions...

☐ Rarely or never ☐ Sometimes ☐ All or most of the time

15. For Adult SA individual:

Number of drug tests conducted and number positive in the past 3 months: (Do not count if Positive for Methadone Only)

a. Number Conducted

--	--

 (enter zero, if none and skip to 16)

b. Number Positive

--	--

 (enter zero, if none and skip to 16)

c. How often did each substance appear for all drug tests conducted?

Alcohol	THC	Opiates	Benzo.								
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Cocaine	Amphetamines	Barbiturates									
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16. Since the individual started services for this episode of treatment, which comprehensive services has the individual received in the following areas? (mark all that apply)

- ☐ Educational improvement
- ☐ Finding or keeping a job
- ☐ Housing (basic shelter or rent subsidy)
- ☐ Transportation
- ☐ Child care
- ☐ Medical care
- ☐ Screening/Treatment referral for HIV/TB/HEP
- ☐ Legal issues

19. In the past 3 months, what best describes your employment status? (mark only one)

- ☐ Full-time work (working 35 hours or more a week) → (skip to 20)
- ☐ Part-time work (working less than 35 hours a week) → (skip to 20)
- ☐ Unemployed (seeking work or on layoff from a job) → (skip to 20)
- ☐ Not in labor force (not seeking work)

b. If *not seeking work*, what best describes your current status? (mark only one)

- ☐ Homemaker
- ☐ Incarcerated (juvenile or adult facility)
- ☐ Student
- ☐ Institutionalized
- ☐ Retired
- ☐ None of the above
- ☐ Chronic medical condition which prevents employment

Section II: Complete items 17-32 using information from the individual's interview (preferred) or consumer record

17. How are the next section's items being gathered? (mark all that apply)

- ☐ In-person interview (Preferred)
- ☐ Telephone interview
- ☐ Clinical record/notes

18. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

20. In the past 3 months, how often did you participate in ...

- a. positive community/leisure activities?
☐ Never ☐ A few times ☐ More than a few times
- b. recovery-related support or self-help groups?
☐ Never ☐ A few times ☐ More than a few times

21. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- ☐ Never ☐ A few times ☐ More than a few times

22. In the past month, how would you describe your mental health symptoms?

- ☐ Extremely Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

23. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

- ☐ No prescription
- ☐ All or most of the time
- ☐ Sometimes
- ☐ Rarely or never

24. In the past 3 months, how many times have you moved residences?

(enter zero, if none and skip to 25)

b. What was the reason(s) for your most recent move? (mark all that apply)

- ☐ Moved closer to family/friends
- ☐ Moved to nicer or safer location
- ☐ Needed more supervision or supports
- ☐ Moved to location with more independence, better access to activities and/or services
- ☐ Could no longer afford previous location or evicted

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25. In the past 3 months, where did you live most of the time?

- ☐ Homeless
☐ Residential program → (skip to 26)
☐ Temporary housing → (skip to 26)
☐ Facility/Institution → (skip to 26)
☐ Private or permanent residence
☐ Other → (skip to 26)
 b. If homeless, please specify your living situation most of the time in the past 3 months.
☐ Sheltered (homeless shelter)
☐ Unsheltered (on the street, in a car, camp)

26. For Adult MH only individual:

In the past 3 months, have you used tobacco or alcohol?

☐ Y ☐ N

27. For Adult MH only individual:

In the past 3 months, have you used illicit drugs or other substances?

☐ Y ☐ N → (skip to 29 if 'No' is answered on both questions 26 and 27)

28. Please mark the frequency of use for each substance in the past month.

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

- | | |
|------------------------------|-------------------------------|
| 5=Non-prescription Methadone | 13=Other Tranquilizer |
| 7=PCP | 14=Barbiturate |
| 8=Other Hallucinogen | 15=Other Sedative or Hypnotic |
| 9=Methamphetamine | 16=Inhalant |
| 10=Other Amphetamine | 17=Over-the-Counter |
| 11=Other Stimulant | 22=OxyContin (Oxycodone) |
| 12=Benzodiazepine | 29=Ecstasy (MDMA) |

29. For Adult MH individual (6 Month Update only):

In general, since entering treatment your involvement in the criminal/juvenile justice system has...

☐ Increased ☐ Decreased ☐ Stayed the same

30. In the past month, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI? (enter zero, if none)

31. Are you under the supervision of the criminal justice system? (adult or juvenile) ☐ Y ☐ N

32. For Female Adult SA individual:

Do you have children under the age of 18?

☐ Y ☐ N → (skip to 33)

b. Since the last interview, have you... (mark all that apply)

☐ Gained legal custody of child(ren)

☐ Lost legal custody of child(ren)

☐ Begun seeking legal custody of child(ren)

☐ Stopped seeking legal custody of child(ren)

☐ Continued seeking legal custody of child(ren)

☐ New baby born - removed from legal custody

☐ None of the above

c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

d. Since the last interview, have your parental rights been terminated from all, some, or none of your children?

☐ All ☐ Some ☐ None

e. Since the last interview, have you been investigated by DSS for child abuse or neglect? ☐ Y ☐ N → (skip to g)

f. Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA

g. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

Section III: Complete items 33-49 from the individual's interview only

33. Is the individual present for in-person or telephone interview?

☐ Y - Complete items 34-49

☐ N - Stop here

34. Females only: Are you currently pregnant?

☐ Y ☐ N ☐ Unsure
 (skip to 35) (skip to 35)

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care?

☐ Y ☐ N

d. Are you receiving prenatal care?

☐ Y ☐ N

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35. **Females only:** Have you given birth in the past year?

☐ Y ☐ N → (skip to 36)

b. For Adult SA individual:

How long ago did you give birth?

☐ Less than 3 months ago

☐ 3 to 6 months ago

☐ 7 to 12 months ago

c. Did you receive prenatal care during pregnancy? ☐ Y ☐ N

d. For Adult SA individual:

What was the # of weeks gestation?

e. For Adult SA individual:

What was the birth weight?

pounds

ounces

f. How would you describe the baby's current health?

☐ Good

☐ Fair

☐ Poor

☐ Baby is deceased → (skip to 36)

☐ Baby is not in birth mother's custody → (skip to 36)

g. Is the baby receiving regular Well Baby/Health Check services? ☐ Y ☐ N

36. Since the last interview, have you visited a physical health care provider for a routine check up?

☐ Y ☐ N

37. For Adult SA individual:

In the past month, if you have a sponsor, how often have you had contact with him or her?

☐ Don't have a sponsor

☐ Never

☐ A few times

☐ More than a few times

38. How supportive has your family and/or friends been of your treatment and recovery efforts?

☐ Not supportive

☐ Somewhat supportive

☐ Very supportive

☐ No family/friends

39. For Adult SA individual:

In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons? ☐ Y ☐ N

40. For Female Adult SA individual:

In the past 3 months, have you participated in any of the following activities without a condom being used?

had sex with someone who was not your spouse or primary partner [or]

knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?

☐ Y ☐ N

41. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

☐ Never

☐ A few times

☐ More than a few times

42. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?

☐ Never

☐ A few times

☐ More than a few times

43. In the past 3 months, have you been forced or pressured to do sexual acts? ☐ Y ☐ N

44. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

☐ Never

☐ A few times

☐ More than a few times

45. Since the last interview, how often have you had thoughts of suicide?

☐ Never

☐ A few times

☐ More than a few times

46. Since the last interview, have you attempted suicide?

☐ Y ☐ N

47. In the past 3 months, how well have you been doing in the following areas of your life?

Excellent Good Fair Poor

a. Emotional well-being ☐ ☐ ☐ ☐

b. Physical health ☐ ☐ ☐ ☐

c. Relationships with family or significant others ☐ ☐ ☐ ☐

48. In the past 3 months, have you...

a. had telephone contacts to an emergency crisis facility?

☐ Y ☐ N

c. had visits to a hospital emergency room?

☐ Y ☐ N

j. spent nights in a medical/surgical hospital?

(excluding birth delivery)

☐ Y ☐ N

k. spent nights homeless? (sheltered or unsheltered)

☐ Y ☐ N

l. spent nights in detention, jail, or prison?

(adult or juvenile system)

☐ Y ☐ N

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49. How helpful have the program services been in...

a. improving the quality of your life?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

e. decreasing your symptoms?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

f. increasing your hope about the future?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

g. increasing your control over your life?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

h. improving your educational status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

i. improving your housing status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

j. improving your vocational/employment status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

End of interview

Enter data into web-based system:

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Attachment I:

DSM-IV TR Diagnositic Classifications

Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)